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PTO/SB/05 (11-00)

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	15-CT-5419
First Inventor	David M. Hoffman
Title	METHODS AND APPARATUS FOR COMPUTED TOMOGRAPHIC CARDIAC OR ORGAN IMAGING
Express Mail Label No.	EL319708911US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)
2. ☐ Application claims small entity status.  
See 37 CFR 1.27
3. ☒ Specification [Total Pages **18**]  
(Preferred arrangement set forth below)
- Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 USC 113) [Total Sheets **6**]
5. Oath or Declaration [Total Pages **2**]
- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)
- i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet See 37 CFR 1.76

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary)
- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
  - ii. ☐ paper
- c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☒ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(If foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☒ Other: Certificate of Express Mail

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No : \_\_\_\_\_ / \_\_\_\_\_

Prior application information

Examiner. \_\_\_\_\_

Group/Art Unit \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Custom No or Attach bar code label here)		or <input checked="" type="checkbox"/> Correspondence address below	
Name	John S. Beulick			
Address	Armstrong Teasdale LLP One Metropolitan Sq., Suite 2600			
City	St. Louis	State	Missouri	Zip Code 63102
Country	US	Telephone	(314) 621-5070	Fax (314) 621-5065

Name (Print/type)	Alan L. Cassel	Registration No. (Attorney/Agent)	35,842
Signature		Date	Dec. 28, 2000


Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, Patent and trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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<b>FEE TRANSMITTAL</b> <i>for FY 2001</i>  <i>Patent fees are subject to annual revision</i>		<b>Complete If Known</b>	
		Application Number	Not yet assigned
		Filing Date	Herewith
		First Named Inventor	David M Hoffman
		Group Art Unit	Not yet assigned
Examiner Name		Not yet assigned	
TOTAL AMOUNT OF PAYMENT	(\$) 710.00	Attorney Docket Number	15-CT-5419

10760 U.S. PTO  
09/750387  
12/28/00

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)					
<b>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</b>  Deposit Account Number: 01-2384  Deposit Account Name:  <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.16 and 1.17		<b>3. ADDITIONAL FEES</b>					
<b>2. <input type="checkbox"/> Payment Enclosed:</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other							
<b>FEE CALCULATION</b>							
<b>1. BASIC FILING FEE</b>							
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid		
101	710	201	355	Utility Filing Fee	710.00		
106	320	206	160	Design Filing Fee			
107	490	207	245	Plant Filing Fee			
108	710	208	355	Reissue filing Fee			
114	150	214	75	Provisional Filing Fee			
SUBTOTAL (1)					710.00		
<b>2. EXTRA CLAIM FEES</b>							
Total Claims	20	-20**	0	x	18.00	=	0.00
Independent Claims	3	-3*	0	x	80.00	=	0.00
Multiple Dependant				x		=	
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description			
103	18	203	9	Claims in excess of 20			
102	80	202	40	Independent claims in excess of 3			
104	270	204	135	Multiple dependent claim, if not paid			
109	80	209	40	**Reissue independent claims over original patent			
110	18	210	9	**Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)					0.00		
*or number previously paid, if greater; For Reissues, see above							
				*Reduced by Basic Filing Fee Paid		SUBTOTAL (3)	

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Alan L. Cassel	Registration No. (Attorney/Agent)	35,842	Telephone	314-621-5070
Signature				Date	Dec. 28, 2000

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